



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/171275

PRELIMINARY RECITALS

Pursuant to a petition filed January 06, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on February 09, 2016, at Milwaukee, Wisconsin.

The issue for determination is whether the respondent correctly determined that the petitioner's household was ineligible for MA, and that she must meet a deductible to become eligible for MA.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

I

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED]
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Peter McCombs
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. The petitioner's net income is \$897.00. Her rent is \$219.00

3. On December 23, 2015, the county agency issued a Notice to the petitioner informing her that she was not enrolled in MA benefits due to income in excess of program limits, but she could become eligible if she met a deductible.

DISCUSSION

When an applicant's income is over the MA limit, an MA deductible, also known as a “spenddown”, must be met before eligibility begins. Wis. Stat. § 49.47(4)(c)2; Wis. Admin. Code § DHS 103.08(2)(a); Medicaid Eligibility Handbook, App. 24.2. The “medically needy” income limit for a one-person household is \$ \$572.45 (+ actual shelter up to \$244.33). Medicaid Eligibility Handbook, App. 39.4. MA deductibles are calculated for six-month periods. That is the only time period for such eligibility. A new deductible is then established for the next six months. Wis. Admin. Code § DHS 103.08(2)(c); Medicaid Eligibility Handbook, 24.3.

The deductible is computed by multiplying the excess of countable monthly income over the income limit, by the six months in the deductible period. See, Medicaid Eligibility Handbook, 24.3. I have reviewed the agency determination, and I do not find any error in this determination. Nor has the petitioner specifically pointed to any error. At present, the petitioner is not eligible for MA. If she incurred or paid medical expenses that meet the deductible in this time period and these expenses have not been applied to any prior deductible, the petitioner should report the expenses to the county agency and verify such bills immediately.

CONCLUSIONS OF LAW

That the county agency correctly determined that the petitioner’s household was ineligible for MA, and that she must meet a deductible to become eligible for MA.

NOW, THEREFORE, it is **ORDERED**

That the petition for review herein be, and the same hereby is, dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in

this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 28th day of March, 2016

\sPeter McCombs
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on March 28, 2016.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability